



Supported Training & Rehabilitation In Diverse Environments

Workshop Registration Form

Please complete the following information if you wish to register for a STRIDE Workshop

Personal Information:

Name: _____ Date of Birth: _____

Address: _____ City: _____

Postal Code: _____ Email Address: _____

Phone Number: _____ Cell Phone: _____

Best Way to Contact (please check): Home Cell Email Messages ok? YES NO

Are you a currently a registered client at STRIDE? YES NO

What STRIDE Program are you currently registered in? _____

What is the name of your STRIDE worker? _____

Referral Source Information:

Is this a self-referral? YES NO

Name: _____ Agency: _____

Position: _____ Phone: _____

Email Address: _____

I wish to register for the following workshop(s):

Please be aware that a short program registration will take place when you attend your first session, if you are not a current registered STRIDE client.

Email completed forms to the email address listed on the flyer.

Signature of Applicant: _____ Date: _____

All workshop applicants will be contacted within 5 working days of the registration being received.

If you have any feedback or questions about STRIDE please feel free to contact STRIDE Head Office at 905-693-4252 or info@stride.on.ca. Please visit the STRIDE website www.stride.on.ca for further information.